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ABSTRACT

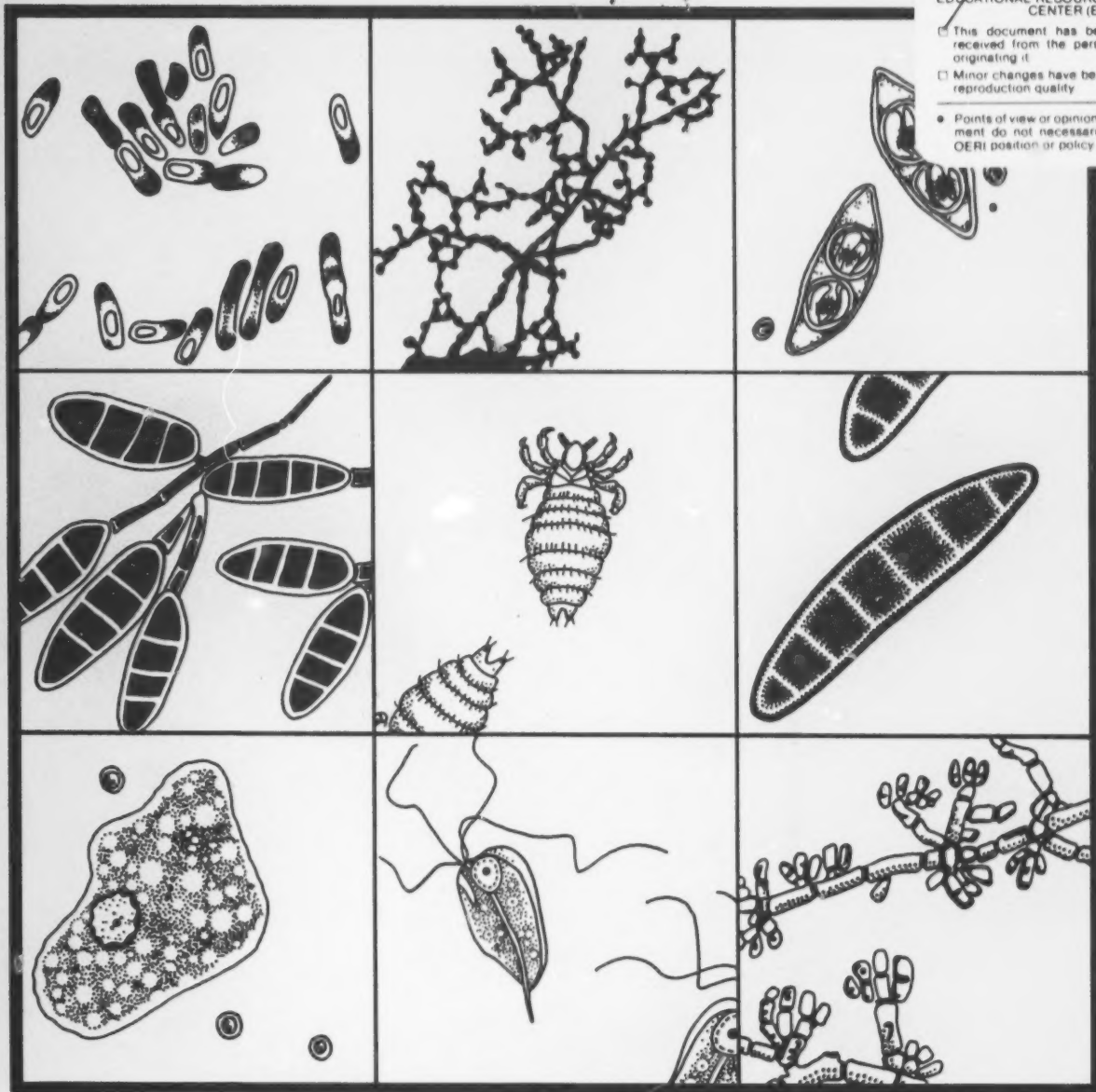
The manual is intended to provide people responsible for the well-being of persons with developmental disabilities with practical information on the prevention of infectious diseases. Diseases are listed alphabetically by most common name. Diseases are also listed by the system or body part it generally affects. Definitions of 26 terms used in the descriptions are given. Among the 44 diseases described are: AIDS (Acquired Immune Deficiency Syndrome), bronchitis, conjunctivitis, ear infection, flu, food poisoning, gastroenteritis, gonorrhea, hepatitis A and B, impetigo, laryngitis, measles, mononucleosis, mumps, pneumonia, ringworm, rubella, scabies, shigella, syphilis, vaginitis, and venereal warts. Under each disease named, answers are provided to the following questions: how soon after exposure to this disease will symptoms appear?, when and for how long is a person contagious?, how is it spread?, what are the symptoms?, how can it be diagnosed?, what is the treatment?, are there any complications?, how common is the disease?, are there any groups of people who are at higher risk?, how can it be prevented?, and are there special considerations for a person with developmental disabilities? Also provided are a listing of state public health departments and a listing of 17 references.

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Staff Guide to Control of Infectious Disease

For the Special Needs Population
in Residential Sites and Day Programs


Association for Retarded Citizens

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STAFF GUIDE TO CONTROL OF INFECTIOUS DISEASE

**For the Special Needs Population
in
Residential Sites
and
Day Programs**

Prepared by

Developmental Disabilities Community Nurses Coalition
Boston, Massachusetts

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ARC of the United States
2501 Ave. J
Arlington, Texas 76006

PREFACE

In 1986 the Developmental Disabilities Community Nurses Coalition, Boston, Massachusetts, contacted the Association for Retarded Citizens of the United States about publishing the Staff Guide to Control of Infectious Disease. This group of nurses who serve community programs in the Boston area developed the guide because they believed there was a great need to assist community program providers in maintaining health of the people they serve. They identified a need for more specific information concerning the effects of infectious diseases on people with developmental disabilities and discovered that a great deal of fear and misinformation acted as barriers in accessing appropriate care.

This guide is an attempt to empower persons with developmental disabilities and their caregivers to make informed decisions and become active participants in health care delivery. It is designed to heighten awareness of infectious disease information, but not to suggest diagnosis or treatment in individual cases. Since this publication is not a substitute for medical attention, the ARC of the United States cannot accept responsibility for application of the information to individual medical conditions which in all instances should be referred to a physician.

Barbara Sackett, President
ARC of the United States

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INTRODUCTION

Who should use this book? People who are responsible for the well-being of persons with developmental disabilities living in the community, including:

- Direct care staff
- Parents
- Teachers
- Professionals
- Paraprofessionals
- Service providers of all levels
- Administrators interested in the health of individuals being served

Why do I need this book? With the help of this book, you will be able to:

- Protect staff and service recipients from getting sick
- Recognize symptoms of communicable diseases
- Make informed decisions about seeking health care

What kinds of questions are answered in this book? This book will answer practical questions you may have about infectious diseases like:

- How does a person catch the disease?
- How can one keep from catching this disease?
- What can be done to make the person better?
- When does the person need to go to the doctor?
- When can the person return to regular activities such as work or school?
- Do I need to change the environment if someone has the disease?

How do I use this book? Information is listed by the name of the disease and arranged alphabetically. Diseases are listed by their most widely recognized name. Other names, either slang or medical, are listed in parentheses. Each disease is also categorized by the system or part of the body it generally affects. Many diseases have symptoms in more than one system, and these are listed under both categories. (For example, conjunctivitis is listed under both "eye diseases" and "respiratory diseases," because someone with conjunctivitis might have both red eyes and a cough.)

What else do I need to know? We use the terms physician/MD/doctor throughout the text, but recognize that other qualified health practitioners (such as nurse practitioners or physician's assistants) are used in the delivery of health care in the United States. This book is designed to be a resource for you, but is not a substitute for medical care.

This material has been reviewed and approved by Ruth Hazen, M.D. and Jeri Nelson, M.D. and is current as of 1989. It is the reader's responsibility to continue to seek information about new developments as they occur. The best way to do this is to maintain communication with your health care provider.

Where can I go if I have questions? The best place to start is with your own physician. Also, in your area you can call the state Department of Public Health. A list of these resources is included at the end of the book.

What is the most effective means of preventing the spread of infection? Handwashing is the single most effective means of preventing the spread of infection. Good skin care after handwashing is equally important. It is therefore essential that staff practice good handwashing skills and teach residents and program participants these skills, providing supervision and assistance when necessary.

Although handwashing is a task usually performed without much thought, here is a review of the proper way to wash one's hands.

1. Wet hands. Using a generous amount of soap, work up a lather. This will help lift bacteria from the hands.
2. Wash for a minimum of 10 seconds. Pay special attention to the areas around the nails, between the fingers and the backs of the hands.
3. Pointing the fingers down towards the sink, rinse well with warm, running water.
4. Dry with disposable paper towels. Then use the towel to turn off the water. This protects hands from being contaminated by dirty fixtures.
5. Use dry skin lotion if hands are rough or dry. Cover any open areas with a bandage.

Rough, irritated skin makes thorough cleansing more difficult, while open areas put a person at risk for acquiring infections. To prevent dry, chapped skin, use hand lotion as needed. A pump dispenser will help prevent transmission of disease.

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DISEASES BY CATEGORY

CATEGORY	DESCRIPTION	DISEASE
A. Respiratory System Diseases	These are diseases which can cause sore throat, runny nose, cough, sneezing and/or chest pain.	Bronchitis Cold Conjunctivitis Cytomegalovirus Influenza Laryngitis Mononucleosis Otitis Media Pneumonia Strep Throat Tuberculosis
B. Gastro-Intestinal Diseases	These are diseases which generally cause stomach aches, diarrhea, vomiting and/or gas.	Gastroenteritis Hepatitis A Hepatitis B Pinworms Salmonella Shigella
C. Eye Diseases	These are diseases which may cause redness, itchiness, and swelling of the eyes or eyelids.	Conjunctivitis Herpes I
D. Skin or Nail Diseases	These are diseases which cause rashes on the skin.	Athlete's Foot Chicken Pox Impetigo Lice Measles Mumps Ringworm Rubella Scabies Sexually Transmitted Diseases
E. Sexually Transmitted Diseases (Venereal Diseases)	These are diseases which are acquired through intimate, sexual contact with another person.	AIDS Chlamydia Herpes II Gonorrhea Hepatitis B Syphilis Vaginitis - Monilia Nonspecific Trichomonas Venereal Warts

DEFINITIONS

Acute Sharp or severe, as the term relates to pain. An acute illness is one in which the onset is sudden, but it subsides after a short period of time.

Airborne Droplet A drop of moisture containing an agent such as a virus or bacteria which can cause infection. This may occur in coughing or sneezing and can transfer the infection from one person to another.

Antibiotic A chemical substance which has the ability to suppress or destroy bacteria and various microorganisms other than viruses. Examples are medications such as penicillin, tetracycline and streptomycin.

Asymptomatic Symptomless. Showing or producing no signs of illness which would be obvious to the patient.

Bacteria A small organism capable of causing a disease. Diseases caused by bacteria can often be treated by antibiotics.

Carrier A person who usually feels well without sign of disease or one who is getting better from an infectious disease, but who harbors the cause of the infection with the potential to spread the disease to others.

Chancre A sore appearing on or near the site where the infection entered the body. The chancre also refers to a skin lesion of primary syphilis that begins at the site of infection as a small solid raised area and develops into a painless ulcer.

Chronic Recurring episodes of a disease over a long period of time. A chronic disease may develop slowly and often persists for the remainder of one's life.

Congenital Existing before or during one's birth. Not all congenital illnesses are diagnosed at birth, however.

Contagious An infection which can be transferred from one person to another by some contact with the infected person, the person's bodily discharges or objects touched by the person.

Croup An acute episode of upper respiratory obstruction, with difficulty breathing. This inflammation within the larynx and trachea may be accompanied by a hoarse voice and a barking, brassy cough.

Dehydration A condition in which water is removed from the body. This may result from various signs of illness, including fever, vomiting and diarrhea. If water is not replaced, serious consequences may result.

Eustachian Tube A tube connecting the middle ear with the nasal passages. This can be a site of infection.

Hygiene Good hygiene practices are a system of principles to maintain cleanliness of the body in order to preserve health and avoid infection. The most important practice to minimize the spread of a disease is careful handwashing, which should be done after physical contact with another person, after toileting and before preparing or eating food. It is important that clients and staff be taught these practices and clients be supervised, if necessary, to minimize the spread of disease.

Immune An individual who has developed resistance to a disease and therefore will not become ill when coming into contact with the disease. This occurs, in some cases, by having already had the disease (as measles) or, in other cases, by immunization (such as for Hepatitis B). For many diseases, even though a person may have had it before, they are not immune and may catch it again.

Incontinent Unable to control flow of urine or bowel movements. This may be a result of age, disease, injury or other causes.

Incubation Period The time between being exposed to a disease and the beginning of developing symptoms and becoming sick with the disease.

Inflammation The protective response of the body to irritation or injury. The symptoms are usually redness, swelling, heat, and possibly loss of function.

Jaundice Yellowing of the skin and whites of eyes caused by an accumulation of bile. It often indicates a problem with the functioning of the liver.

Lesion A change in the form or function of a part of the body. This can be a sign of infection and can be internal (not visible) or external (visible). Examples of lesions include a wound, sore, rash, boil, pimple or other abnormality.

Organisms Individual living animals or plants able to carry on basic life functions. Infectious disease organisms include viruses, bacteria, yeasts and funguses.

Reduced Immunity This occurs when the body is unable to respond to a disease and thus prevent illness. This may be due to medications (such as steroids or chemotherapy) or it may be due to some other condition. For example, those with Down syndrome often have reduced immunity and are therefore more prone to catch illnesses.

Soft Diet Foods which are easy to chew. This diet is made up of simple, easy to digest foods without harsh fiber. Foods generally avoided include rich or spicy foods, fried foods, coarse cereals, fibrous vegetables, salads, bran.

Susceptible Being vulnerable to a disease. The opposite of immune.

Titre (Titer) A measure of the amount of substance in the body available to fight off an infection. For example, a doctor may test a person's rubella titre to find out if s/he has ever had rubella before and if an immunization is needed.

Virus A very tiny organism sometimes capable of causing a disease. Diseases caused by viruses can often not be treated by drugs.

AIDS (Including AIDS RELATED COMPLEX)

What is AIDS? An abbreviation for Acquired Immune Deficiency Syndrome. It is a disease that causes the body to lose its natural defenses against illness. AIDS is caused by a virus which damages the body's immune system, leaving it defenseless against many other infections and cancers. It is believed that with every one severe case of AIDS, two to three more will develop less severe symptoms, generally known as AIDS Related Complex, often abbreviated as ARC. These people do not develop life-threatening complications of AIDS such as Kaposi's Sarcoma or Pneumocystis carini pneumonia and may never develop these. However, they may have many of the other less severe symptoms.

How soon after exposure will symptoms appear? From six months to five years or possibly longer. It is unknown what percentage of people exposed will get the disease.

When and for how long is a person contagious? Unknown. Some people exposed never get AIDS themselves, but become carriers. Although these carriers appear healthy they can transmit the Immunodeficiency Virus (HIV) which causes AIDS to a sexual partner or someone who shares needles with them. Carriers are contagious as long as the virus is present in their blood.

How is it spread? The virus is found primarily in the blood and semen. It has been detected in smaller amounts in saliva and tears. Transmission occurs through intimate sexual contact or direct injection of infected blood. A woman infected with HIV can transmit it to her unborn or newborn child. Infected persons are capable of spreading HIV to others for years before experiencing signs or symptoms of disease.

What are the symptoms? Symptoms may include one or more of the following:

1. Unexplained tiredness combined with headaches, dizziness or lightheadedness.
2. Persistent unexplained fever or night sweats.
3. Weight loss of more than 10 pounds that is not due to dieting or increased physical activity.
4. Swollen glands in the neck, armpits and groin.
5. Heavy, dry cough that is not from smoking or a cold.
6. Yeast infections, such as thrush (a thick coating of the tongue or throat).
7. Shortness of breath
8. Bruising more easily than usual.
9. Purplish or discolored patches on the skin.
10. Unexplained bleeding from any body opening or from growths on the skin.
11. Changes in mental status or vision.
12. Recurrent diarrhea.

How can it be diagnosed? Although no one test is diagnostic of AIDS, the physician will diagnose AIDS based on the symptoms and a combination of blood test results. There is a test to identify antibodies to the AIDS virus (HIV). A positive test result (HIV antibody positive) means that you have been exposed to the HIV virus and that your body has developed antibodies to the virus. It does not mean that the virus is still present, nor does it mean that you will become ill.

What is the course of AIDS? AIDS is a fatal disease. However, the cause of death is an infection or cancer, not the virus itself. Common infections or cancers which cause death are Pneumocystis carini pneumonia and Kaposi's sarcoma.

What is the treatment? There is no proven effective treatment for the underlying immune deficit in AIDS. Research has been aimed at finding treatment which prevents the virus from growing, or strengthens the person's immune system. There are several experimental drugs that may prolong an infected person's life or reduce severity of symptoms.

Are there any complications? Some people with AIDS get both *Pneumocystis carini* pneumonia and Kaposi's sarcoma. Other infections which may occur include Hepatitis B, Hodgkins disease, or toxoplasmosis.

Is there anything a person should know if she is pregnant and has HIV infection or AIDS? Children and babies can get HIV through exposure to an infected mother's blood at childbirth, and possibly through breast milk.

How common is AIDS? Through calendar year 1988, the United States has reported approximately 83,000 cases of AIDS. An estimated 1-1.5 million Americans already are infected with HIV. By the end of 1991, it is estimated that cumulative reported AIDS cases in the United States will total 270,000 and over 179,000 will have died.

Are there any groups of people who are at a higher risk of acquiring AIDS? Homosexual and bisexual men, persons who use illicit, injectable drugs, persons with hemophilia, and sexual partners of other individuals who are at high risk, are more likely to contract AIDS.

How can it be prevented? There is no immunization against AIDS, or a known cure. Precautions which will reduce risk include:

1. Avoiding sexual contact with persons diagnosed with AIDS.
2. Never using intravenous drugs unless ordered by a physician. If you must use intravenous drugs, do not share needles with others.
3. Practicing "safe sex," including use of condom during sexual intercourse.

What should be done if a person is close to someone with AIDS? DO NOT PANIC. Follow the guidelines listed above. Your own physician may have other suggestions as well.

Are there special considerations for a person with developmental disabilities who has HIV infection or AIDS?

1. There is no evidence that HIV can be spread by casual contact. Each case should be evaluated on an individual basis to determine what precautions should be taken.
2. All blood and body fluids should be considered potentially hazardous.
3. Care should be taken not to expose the AIDS patient to other persons with infectious diseases.

ATHLETE'S FOOT

What is athlete's foot? An infection of the feet caused by a fungus. It is not limited to athletes or people active in sports.

How soon after exposure will symptoms appear? It varies, depending on the individual.

When and for how long is a person contagious? As long as the fungus is present.

How is it spread? By contact with the fungus on shower stalls, bathroom floors and other damp surfaces. It can also be spread by using contaminated towels, socks and shoes.

What are the symptoms? Feet will be itchy with scaly or peeling areas. Blisters may occur.

How can it be diagnosed? Usually by symptoms, but a doctor may send a sample of the skin to a laboratory if the diagnosis is not certain.

What is the course of athlete's foot? It may be a chronic condition that comes and goes.

What is the treatment? Medication in the form of spray, ointment, powder or soaks applied to the feet. Treatment may take two to six weeks to be effective.

Are there any complications? Infection may develop in the blisters.

Is there anything a person should know if she is pregnant and gets athlete's foot? While there is no specific pregnancy risk, the doctor may avoid prescribing certain medications if a woman is pregnant.

How common is athlete's foot? It is very common. It is usually worse in the summer.

Are there any groups of people who are at a higher risk of acquiring athlete's foot? People who have very dry feet with cracks or open areas are more likely to develop athlete's foot. It is also more common in those people who are exposed to high humidity and temperature as well as those who use common showers, locker rooms, etc.

How can it be prevented? Since the fungus thrives in warm, damp areas, it is important to keep feet dry by wearing clean socks, allowing shoes to dry between wearings, drying feet well after bathing and avoiding moisturizing lotions on feet. Sandals should be worn in common showers and locker rooms.

What should be done if a person is close to someone with athlete's foot? Follow the recommendations above. If athlete's foot develops, begin treatment early and continue for two to six weeks.

Are there special considerations for a person with developmental disabilities with athlete's foot?

1. Teach/assist with/supervise good hygiene practices.
2. Those living in group settings and sharing bathrooms, showers, etc. are at higher risk for catching the fungus. These areas should be cleaned regularly. People using them should be alert to signs of athlete's foot.
3. Stress the importance of changing socks daily.

BRONCHITIS

What is bronchitis? An inflammation of the air passages leading to the lungs caused by a virus or bacteria.

How soon after exposure will symptoms appear? Varies, depending on what caused the infection but usually within two to ten days.

When and for how long is a person contagious? For as long as s/he is sick.

How is it spread? By direct oral contact or by inhaling contaminated air particles.

What are the symptoms? Cough, chills, fever, headache and fatigue.

How can it be diagnosed? A doctor will diagnose by symptoms and possibly a chest X-ray.

What is the treatment? Depending on the cause, an antibiotic may be prescribed. Other treatment is aimed at reducing cough and fever.

What is the course of bronchitis? The infection begins quickly with cough and fever. It usually resolves slowly in one to two weeks with treatment.

Are there any complications? Rarely. Without treatment, it may sometimes lead to pneumonia.

Is there anything a person should know if she is pregnant and gets bronchitis? While there are no specific pregnancy risks, medication should be taken only under the supervision of a physician.

How common is bronchitis? It is very common and seen worldwide.

Are there any groups of people who are at a higher risk of acquiring bronchitis? It is seen most frequently in children. Adults who are more susceptible are those who live in crowded conditions, the frail, the elderly and the physically disabled.

How can it be prevented? There is no vaccine against bronchitis. Good hygiene practices will help prevent the spread of the disease.

What should be done if a person is close to someone with bronchitis? Maintain good hygiene practices. Persons should use tissues instead of handkerchiefs to cover their mouths when coughing.

Are there special considerations for a person with developmental disabilities who has bronchitis?

1. Cold symptoms lasting more than one week should be evaluated by a physician.
2. If antibiotics are prescribed, the person should take the full amount for as long as it is prescribed, even if symptoms go away sooner.
3. Persons should stay home from work/day program if they have a fever or productive cough.

CHICKEN POX

What is chicken pox? A mild, highly contagious disease caused by a virus. It usually occurs in children.

How soon after exposure will symptoms appear? 14-21 days.

When and for how long is a person contagious? From one day before rash appears until the sixth day after the rash appears.

How is it spread? By direct contact with saliva, upper respiratory secretions or discharge from lesions or by breathing in airborne droplets. It is very contagious.

What are the symptoms? Fever, fatigue and itchy, raised blister-like rash.

How can it be diagnosed? Physician will diagnose by symptoms.

What is the course of chicken pox? First symptoms appear 12-14 days after exposure. Fever is followed by rash on face, trunk, limbs and sometimes on mouth and throat.

What is the treatment? There is no specific treatment other than to reduce itching by use of special creams or ointments.

Are there any complications? Possible infection or scarring from scratching lesions. Children with reduced immunity may have severe or fatal complications.

Is there anything a person should know if she is pregnant and gets chicken pox? It may cause birth defects if the mother is infected during her pregnancy.

How common is chicken pox? It is common.

Are there any groups of people who are at a higher risk of acquiring chicken pox? Those with reduced immunity.

How can it be prevented? There is no specific prevention. A vaccine is available only for those in high risk groups. Those who have had the disease are immune.

What should be done if a person is close to someone with chicken pox? Attempt to control spread of respiratory secretions by using good hygiene.

Are there special considerations for a person with developmental disabilities who has chicken pox?

1. Keep person home from school, work or day program during active symptoms.
2. Person with uncontrollable itching may require use of gloves to prevent scratching or infection.

CHLAMYDIA

What is chlamydia? A bacterial infection of the reproductive or lower urinary tract. It can affect men, women or children.

How soon after exposure will symptoms appear? Five to ten days and possibly longer.

When and for how long is a person contagious? Unknown.

How is it spread? By sexual activity with an infected partner. Newborns may also become infected from the mother.

What are the symptoms? Increased frequency of urination, especially at night accompanied by a burning sensation during urination. Other symptoms include lower abdominal pain or lower back pain. Signs of a vaginal infection include a heavy white discharge and some visible changes in the cervix. However, there may be no symptoms at all.

How can it be diagnosed? Physician will diagnose by an exam.

What is the course of chlamydia? Without treatment, the disease may continue for years. It may also be present with gonorrhea.

What is the treatment? Urinary tract inflammation requires adequate intake of fluids (at least eight glasses each day). The use of antibiotics is usually prescribed.

Are there any complications? It may progress to eye and lung infections, infertility in men, and in women inflammation of the fallopian tubes, pelvic inflammatory disease which may contribute to ectopic pregnancy or infertility.

Is there anything a person should know if she is pregnant and gets chlamydia? It can be transmitted to newborns during birth, infecting the eyes or causing pneumonia.

How common is chlamydia? It is common worldwide and has increased over the past 20 years.

Are there any groups of people who are at a higher risk of acquiring chlamydia? People with gonorrhea are more likely to have chlamydia. Incidence is also higher in those using oral contraceptives (the "pill").

How can it be prevented? No immunization is available. All women should have regular pelvic exams.

What should be done if a person is close to someone with chlamydia? Use of condoms during intercourse reduces the chance of infection. All sexual partners should be referred for treatment. Sexual activity should be avoided until treatment is completed.

Are there special considerations for a person with developmental disabilities who has chlamydia?

1. Irritation may cause persons to appear to be masturbating.
2. Any symptoms of vaginal or penile irritation or discharge should be reported to the doctor.
3. Report any allergy, especially to antibiotics, to doctor before treatment.

COLD

What is a cold? An acute and highly contagious illness caused by one of many different viruses involving the nose and throat.

How soon after exposure will symptoms appear? One to two days.

When and for how long is a person contagious? From one day before symptoms appear until seven days after.

How is it spread? By direct contact or by breathing in contaminated air. It can also be spread by contact with contaminated objects.

What are the symptoms? Stuffy nose, sore throat, sneezing, cough, headache, muscle aches, chills and low fever.

How can it be diagnosed? By symptoms.

What is the course of a cold? Symptoms begin quickly after exposure. It usually begins with a sore throat and stuffy nose, progressing to other symptoms. It generally lasts one week and gets better without treatment.

What is the treatment? There is no specific treatment other than relief of symptoms by bed rest, increased intake of fluids and a nutritious diet. Medications to relieve fever, congestion and cough may be recommended by the physician.

Are there any complications? Infection may spread to other areas of the respiratory tract, including lungs (pneumonia) and ears.

Is there anything a person should know if she is pregnant and gets a cold? There is no specific risk. Pregnant women should take medication only under the supervision of a physician.

How common are colds? They occur worldwide. Incidence is lower in the summer.

Are there any groups of people who are at a higher risk of acquiring a cold? Those with reduced immunity.

How can it be prevented? There is no immunization available. Good hygiene practices may reduce the chances of catching a cold.

What should be done if a person is close to someone with a cold? Observe good personal hygiene habits.

Are there special considerations for a person with developmental disabilities who has a cold?

1. Teaching may be necessary to instruct in personal hygiene. The use and proper disposal of tissues as well as covering the mouth/nose when coughing or sneezing to help reduce transmission should be taught.
2. Consult physician if symptoms continue past four days or if fever rises to 102° F. or higher.

CONJUNCTIVITIS

What is conjunctivitis? An inflammation of the eye caused by any of a variety of bacteria.

How soon after exposure will symptoms appear? Varies depending on the bacteria. Usually about 24-72 hours.

When and for how long is a person contagious? For as long as the symptoms are present.

How is it spread? By contact with discharge from the eye or upper respiratory tract of an infected person. It is also spread through contaminated fingers, clothing or other articles, including eye drop medication bottles, eye cream and makeup.

What are the symptoms? Eyes are teary, red, swollen, itchy and sensitive to light.

How can it be diagnosed? By symptoms. It may be confirmed by laboratory tests.

What is the course of conjunctivitis? First symptoms are red, teary and itchy eyes, followed by swelling of the lids, light sensitivity and discharge containing pus. It usually goes away several days after treatment.

What is the treatment? Application of antibiotic ointment or drops as prescribed by the physician.

Are there any complications? It may become chronic if untreated.

Is there anything a person should know if she is pregnant and gets conjunctivitis? There are no special considerations.

How common is conjunctivitis? It is common. Children under five are most often affected. Occurrence generally decreases with age, but the elderly are often more susceptible.

Are there any groups of people who are at a higher risk of acquiring conjunctivitis? Those people with Down syndrome and children under five. It may become epidemic in residential or day programs.

How can it be prevented? There is no immunization available. Education, good personal hygiene and prompt treatment are important in prevention.

What should be done if a person is close to someone with conjunctivitis? Good personal hygiene, especially handwashing, may reduce the chances of catching the infection.

Are there special considerations for a person with developmental disabilities who has conjunctivitis?

1. Infected persons should not attend day programs or go to work while symptoms are present.
2. Prompt and adequate treatment of infected persons and referral of their contacts for evaluation (including staff) is essential.
3. Do not share prescribed eye medication.
4. Teach good hygiene practices.
5. Supervise infected persons in hygiene practices to prevent infecting others.
6. Do not share personal items such as towels, washcloths and makeup.

CYTOMEGALOVIRUS (CMV)

What is cytomegalovirus? A common viral infection which is generally not serious in adults but which can cause central nervous system damage in newborns. It ranges in severity from a silent infection to a disease manifested by fever, hepatitis, and, in newborns, severe brain damage, stillbirth or death.

How soon after exposure will symptoms appear? Two to four weeks.

When and for how long is a person contagious? Some infected persons may be contagious for months to years.

How is it spread? CMV virus is not easily transmitted, but is present in the saliva, urine and blood of one to two percent of all adults. It is spread by direct person-to-person contact of bodily secretions and by sexual contact. Pregnant women may transmit the virus to their unborn child.

What are the symptoms? In newborns: congenital infection with highly variable symptoms ranging from none to low birth weight, fever, hepatitis (liver inflammation), hemorrhage, extensive liver damage or central nervous system damage and stillbirth. In children and adults: often asymptomatic (no signs of disease) or with mild fever, jaundice or respiratory symptoms. It may be confused with mononucleosis.

How can it be diagnosed? The doctor will do lab tests.

What is the course of cytomegalovirus? In newborns, the course depends on affected organs. Seizures and hearing loss may develop in the second year of life. Central nervous system damage is found in 75 percent of infants affected. In asymptomatic infants, development may be normal or deficits may appear later. In children and adults it is usually self-limiting and resolves in 2-4 weeks.

What is the treatment? There is no specific treatment.

Are there any complications? Seizures, encephalitis or hepatitis (liver inflammation). Most severe complications occur in congenitally acquired infections and in those with reduced immunity. Infections which occur in children or adults have infrequent complications.

Is there anything a person should know if she is pregnant and gets cytomegalovirus? The disease is transmitted from mother to unborn child. Occurrence of transmission is more likely if infected later in the pregnancy. However, these babies are not as likely to have complications as those who acquire the infection in the first six months of pregnancy.

How common is cytomegalovirus? Very common. CMV infection is found throughout the world, with as many as 80 percent of people testing positive for exposure.

Are there any groups of people who are at a higher risk of acquiring cytomegalovirus? Those with reduced immunity. More common in situations with crowded, unsanitary living conditions.

How can it be prevented? There is no immunization available.

What should be done if a person is close to someone with cytomegalovirus? Good personal hygiene is important. Pregnant women and those with reduced immunity should avoid contact with those known to be contagious.

Are there special considerations for a person with developmental disabilities with cytomegalovirus?

1. As CMV is often an asymptomatic or mild infection, precautions should be stressed to those in high risk groups.
2. Women of childbearing age should discuss their risk with their physician. A blood test is available to identify past exposure.

GASTROENTERITIS

What is gastroenteritis? A contagious disease caused by a virus which affects the gastrointestinal system.

How soon after exposure will symptoms appear? Varies, depending on which virus is causing the illness. Usually two to three days.

When and for how long is a person contagious? As long as the virus is present in the stool.

How is it spread? It is passed from one person to another by an oral-fecal route such as mouthing objects or food contaminated with infected stool.

How can it be diagnosed? By symptoms. Stool culture is negative for presence of bacteria.

What is the course of gastroenteritis? It varies and includes, with a mild form, watery diarrhea or a more severe form with vomiting, fever and headache. Most illnesses are self-limiting and last one to three days.

What is the treatment? Maintenance of fluid balance to prevent dehydration. Encourage clear fluids in frequent small sips if vomiting is a problem.

Are there any complications? Rarely. If they occur, they are usually related to dehydration.

Is there anything a person should know if she is pregnant and gets gastroenteritis? There may be complications due to dehydration. Medication should be taken only under the supervision of a physician.

How common is gastroenteritis? Gastrointestinal illnesses are most common between the ages of one and ten years. The peak season is between November and February.

Are there any groups of people who are at a higher risk of acquiring gastroenteritis? Everyone is susceptible.

How can it be prevented? There is no immunization available.

What should be done if a person is close to someone with gastroenteritis? Careful handwashing is important to reduce the chance of transmission. Avoid contact with contaminated articles.

Are there special considerations for a person with developmental disabilities with gastroenteritis?

1. Infected persons should remain at home until symptoms subside.
2. Go to the doctor if symptoms last more than three days or if blood is present in stool or vomitus.
3. Those who are ill should not participate in meal preparation.

GONORRHEA

What is gonorrhea? A bacterial infection of the genitals and reproductive organs in men or women. It can irritate the urinary tract, cervix, vagina, uterus or fallopian tubes. Also known as clap, VD, or GC.

How soon after exposure will symptoms appear? Usually two to seven days, but possibly one week to one month after contact.

When and for how long is a person contagious? Any time during the course of the disease.

How is it spread? By sexual activity with an infected person, including oral, genital or rectal sex.

What are the symptoms? Pain or burning on urination, thick yellow or green discharge from the penis or vagina, itching or vaginal swelling, abdominal or back pain, fever, chills. Or there may be no symptoms at all.

What is the course of gonorrhea? In males: Pain on urination followed by thick yellow discharge from the penis after three to nine days. Infection may spread to other genital organs (urethra, epididymis, or prostate). In females: There are three stages. The first is a mild burning when urinating and a yellow vaginal discharge. This is followed by lower abdominal pain as the disease spreads into the pelvic area. The third stage is chronic recurrent pelvic or general infection.

What is the treatment? Antibiotic prescribed by a physician. It is important to return for a repeat examination after all the medication is completed to insure that the antibiotic has been effective.

Are there any complications? Without treatment there may be invasive infection, with arthritis, skin lesions, heart inflammation, blood infection and meningitis. Scars left in the reproductive tract can cause infertility.

Is there anything a person should know if she is pregnant and gets gonorrhea? Infection of the baby at birth can cause blindness.

How common is gonorrhea? It occurs worldwide, with increasing incidence of new strains resistant to penicillin.

Are there any groups of people who are at a higher risk of acquiring gonorrhea? Sexually active people with multiple sex partners.

How can it be prevented? There is no immunization available. Sexual activity should be avoided if the partner has itching, swelling, discharge, painful urination or painful intercourse. Condoms reduce the risk of infection.

What should be done if a person is close to someone with gonorrhea? Be examined by a physician if there has been sexual contact. Refer sexual partners for treatment.

Are there special considerations for a person with developmental disabilities with gonorrhea?

1. Irritation may cause persons to appear to be masturbating.
2. Any symptoms of vaginal or penile irritation should be reported to the doctor.
3. Report any allergy to medication, especially antibiotics, to the doctor before treatment.

HEPATITIS A

What is hepatitis A? A viral infection which causes inflammation of the liver.

How soon after exposure will symptoms appear? 15-50 days, usually 28-30 days.

When and for how long is a person contagious? As long as virus is present in feces. The greatest risk to others is during the two week period before the onset of jaundice.

How is it spread? Primarily by person-to-person contact, especially through fecal contamination. Transmission is facilitated by poor personal hygiene, poor sanitation and intimate contact.

What are the symptoms? Abrupt onset of fever, fatigue and loss of appetite, nausea, abdominal discomfort and "yellow" jaundice.

How can it be diagnosed? Physician will diagnose by a blood test.

What is the treatment? There is no specific treatment other than attempting to relieve symptoms. Bed rest may be recommended. Good nutrition is important.

Are there any complications? Complications are rare. No carrier state exists.

Is there anything a person should know if she is pregnant and gets hepatitis A? While there is no specific risk, complications may result from severe symptoms.

How common is hepatitis A? It occurs worldwide. Incidence is higher in areas with poor sanitation. Infection is more common in children.

Are there any groups of people who are at a higher risk of acquiring hepatitis A?

1. Household contacts of persons with hepatitis A.
2. Those living in congested areas with poor sanitation.
3. Caregivers in contact with stool from diapers, incontinence, fecal smearing, etc.
4. Persons living in group settings where there is fecal contamination.

How can it be prevented? There is no vaccine available. Post-exposure prevention may include an immunoglobulin injection. Those who have had the disease are immune.

What should be done if a person is close to someone with hepatitis A? Good handwashing is important. Wear gloves when handling feces. Sanitary disposal of all urine and stool and disinfecting contaminated areas reduce chances of transmission.

Are there special considerations for a person with developmental disabilities who has hepatitis A?

1. Programs should maintain supplies, including bleach, soap and gloves, to ensure adequate hygiene.
2. Persons with symptoms should be reported to physician so contacts can receive medical attention.
3. Caregivers should practice good hygiene.
4. Persons should be taught good hygiene, including handwashing. Hygiene should be supervised when necessary.

HEPATITIS B

What is hepatitis B? A viral infection which causes inflammation of the liver.

How soon after exposure will symptoms appear? 45-160 days.

When and for how long is a person contagious? As long as virus is present in body fluids. A person may be contagious for lifetime in a carrier state.

How is it spread? Primarily by blood, but may be transmitted by other body fluids such as saliva, semen and urine. Transmission occurs primarily by blood to blood contact through needles, open wounds or by sexual contact.

What are the symptoms? Most infected persons have no symptoms. Others may have loss of appetite, nausea, vomiting, abdominal pain, "yellow" jaundice, joint pain, fatigue.

How can it be diagnosed? Physician will diagnose by a blood test.

What is the course of hepatitis B? Most people have no symptoms. When they occur, symptoms begin gradually and generally last for less than six weeks. About ten percent develop chronic disease and a small percent of these develop recurrent symptoms.

What is the treatment? There is no specific treatment other than attempting to relieve symptoms. Bed rest may be recommended. Good nutrition is important.

Are there any complications? Cirrhosis, liver cancer, chronic infection or development of a carrier state.

Is there anything a person should know if she is pregnant and gets hepatitis B? It may result in severe disease for mother and chronic infection for the baby.

How common is hepatitis B? It varies by risk group. For the general population five percent will be exposed in their lifetime.

Are there any groups who are at a higher risk of acquiring hepatitis B?

1. Persons in institutions.
2. Users of illicit intravenous drugs.
3. Homosexual men.
4. Household contacts of those infected or carriers.
5. Patients of hemodialysis units.
6. Immigrants from areas such as Southeast Asia, Tropical Africa or Australia.

How can it be prevented? Hepatitis B vaccine given in three shots over six months. Post-exposure prevention includes immunoglobulin injection. Those who have had the disease are immune.

What should be done if a person is close to someone with hepatitis B? Good handwashing is important to reduce risk of transmission. Wear gloves when handling body excretions of a person who is infected or a known carrier. Disinfecting contaminated articles with household bleach is effective. Machine wash, dry clean or discard contaminated articles. Do not share personal articles such as toothbrushes, razors, or utensils.

Are there special considerations for a person with developmental disabilities who has hepatitis B?

1. Determine hepatitis status of all persons in day and residential programs. (By records or blood test).
2. Evaluate susceptible people and staff for vaccination.
3. Identify carriers to health care providers, including dentists and lab technicians.
4. Pregnant women should consult their physician if they work in high risk areas.
5. Chronic carriers should be followed regularly by a physician to monitor health status, especially liver function.
6. Programs should maintain supplies to ensure adequate hygiene, including band aids, bleach, soap and gloves.
7. Persons who are known carriers should receive education and training to reduce the risk of transmission (including education in hygiene, sexuality and behavioral management).
8. All staff should receive training in hepatitis B control.

HERPES SIMPLEX TYPE I

What is herpes simplex type I? An infection caused by a virus resulting in clusters of small blisters during the active periods. It usually occurs on the face and is sometimes called a cold sore or fever blister.

How soon after exposure will symptoms appear? 2 - 10 days.

When and for how long is a person contagious? Lesions are infectious for five days. A person may be contagious when no lesions are present.

How is it spread? By direct contact with saliva or indirectly from articles contaminated with saliva. It can also be transmitted by contact with fluid from blisters.

What are the symptoms? Tingling or burning pain prior to eruption of blisters, then small grouped blisters appear and crust within 48 hours. Fever may be present. A person may also be listless, with generalized muscle aches. Swollen lymph glands may be present.

How can it be diagnosed? By symptoms. Diagnosis can be confirmed by lab tests.

What is the course of herpes? First infection usually occurs during childhood and generally has no symptoms. Episodes can recur throughout life and may be triggered by fever, sun, or trauma. Episodes generally last seven days and blisters go away without treatment. Between episodes there are no symptoms. Episodes become less severe with age.

What is the treatment? Antiviral ointments may be prescribed by the physician. Measures to relieve symptoms include cold foods, mouthwashes, avoidance of acidic juices. For external blisters, witch hazel, alcohol or lotions may relieve pain.

Are there any complications? Herpes in the eyes may cause blindness. A brain infection may occur but is rare. There may be an allergic reaction to recurrent herpes.

Is there anything a person should know if she is pregnant and gets herpes? Herpes type I may be present in the genital area. If herpes blisters are present in the vagina at time of delivery, it may be transmitted to the newborn. Infection can be very serious.

How common is herpes? It is one of the most common diseases of mankind.

Are there any groups of people who are at a higher risk of acquiring herpes? Those with reduced immunity. Those who drool, mouth or bite or who are sexually active.

How can it be prevented? No immunization is available.

What should be done if a person is close to someone with herpes? Use good hygiene practices, especially during toothbrushing, feeding and contact with saliva. Do not moisten contact lenses with saliva.

Are there special considerations for a person with developmental disabilities who has herpes?

1. This is a lifetime infection. Type I can also occur genitally.
2. Teach good hygiene practices. Supervise persons with herpes in hygiene to prevent infection of others.
3. Safely store all medications, including ointments. Use care when applying these ointments to persons who may lick them off.

HERPES SIMPLEX TYPE II

What is herpes simplex type II? An infection caused by a virus resulting in clusters of small blisters during the active periods. It usually occurs below the waist.

How soon after exposure will symptoms appear? 2 - 10 days.

When and for how long is a person contagious? Lesions are infectious for five days. It may be contagious when no lesions are present.

How is it spread? By direct contact with blisters or their fluid, including through sexual contact.

What are the symptoms? Burning, numbness, tingling and redness of genitals, followed by group of blisters. Blisters last up to 10 days and crust over within 48 hours. Women may have thick vaginal discharge and swelling. Other symptoms may include headache, backache, fever, low abdominal pain and inability to urinate.

How can it be diagnosed? By symptoms. Diagnosis can be confirmed by lab tests.

What is the course of herpes? First infection usually has no symptoms. Episodes can recur throughout life and may be triggered by vaginal infections, trauma, stress or menstruation. Between episodes there are no symptoms. Episodes become less severe with age.

What is the treatment? Antiviral medication may be prescribed by the physician. Measures to relieve symptoms include sitz baths or cool compresses. Increased fluids may dilute urine and help to relieve burning.

Are there any complications? Herpes in the eyes can cause blindness. There may be an allergic reaction to herpes marked by rashes and redness. Secondary bacterial and yeast infections may occur. There is some evidence that cervical cancer is linked to herpes.

Is there anything a person should know if she is pregnant and gets herpes? Herpes may be acquired from the mother at time of delivery. Infection can be very serious. Notify the physician of any past sore in the genital area.

How common is herpes? It is one of the most common diseases of mankind.

Are there any groups of people who are at a higher risk of acquiring herpes? Persons with open cuts on their hands, especially those assisting individuals with hygiene. Sexually promiscuous persons. Those with reduced immunity.

How can it be prevented? No immunization is available.

What should be done if a person is close to someone with herpes? Use good hygiene practices, especially when assisting persons with toileting or menstrual hygiene. Use special care when assisting those persons known to have herpes.

Are there special considerations for a person with developmental disabilities with herpes?

1. This is a lifetime infection. Type II can occur orally, and type I can occur genitally.
2. Teach good hygiene practices. Supervise those with herpes in hygiene to prevent infection of others.
3. Irritation may cause persons to appear to be masturbating.

IMPETIGO

What is impetigo? A very contagious condition involving the skin which is caused by a staph or strep bacterial infection.

How soon after exposure will symptoms appear? 1 - 5 days.

When and for how long is a person contagious? If untreated, a person is contagious until the lesions are healed. Treatment shortens the period of communicability.

How is it spread? By direct contact with an infected person. It may occur after upper respiratory tract infection or following any break in the skin.

What are the symptoms? Itching, superficial, inflamed leaking lesions covered by a light yellowish crust; there is no scarring.

How can it be diagnosed? By symptoms and by lab test.

What is the course of impetigo? Symptoms may develop gradually and subside soon after treatment. Generalized symptoms such as fever, aches, sore throat are usually not present. Reinfection may occur if left untreated.

What is the treatment? Good hygiene reduces the chance of reinfection. A doctor may prescribe antibiotic ointment or, in severe cases, oral antibiotics may be necessary.

Are there any complications? Reinfection may occur if left untreated. Sometimes deeper skin infections may occur. Rarely, infections may involve other organs such as kidneys and bones.

Is there anything a person should know if she is pregnant and gets impetigo? There is no specific risk.

How common is impetigo? It is more common in children and occurs more frequently in late summer and early fall.

Are there any groups of people who are at a higher risk of acquiring impetigo? Children and infants, but all age groups are involved. Those living in overcrowded conditions with poor sanitation and those with frequent skin breaks are at increased risk.

How can it be prevented? Use good personal hygiene, such as careful handwashing, trimming nails, avoiding shared personal articles, including clothing. Avoid intimate contact with infected, untreated persons. Control insect bites by use of insect repellent. No immunization is available.

What should be done if a person is close to someone with impetigo? Observe yourself and others in the group setting for development of symptoms.

Are there special considerations for a person with developmental disabilities with impetigo?

1. Teach good hygiene practices. Supervise hygiene when necessary.
2. Avoid sharing personal articles.
3. Inform physician of any allergies to medication, especially to antibiotics when necessary.
4. Stress importance of completing the full course of antibiotics as prescribed, even if the symptoms go away.

INFLUENZA

What is influenza? An acute viral infection of the respiratory tract caused by one of several different types of viruses. Type A is the most common.

How soon after exposure will symptoms appear? Very soon. Symptoms appear within one to two days.

When and for how long is a person contagious? Generally three to four days from onset of fever.

How is it spread? Virus is airborne and transmitted from inhaling droplets from coughs and sneezes of infected persons.

What are the symptoms? Fever, chills, headache, sore throat, muscular pain, dry cough, nasal discharge.

How can it be diagnosed? Physician will diagnose by symptoms.

What is the course of influenza? Symptoms appear suddenly. Fever lasts about three days. Symptoms usually go away without treatment within one to two weeks.

What is the treatment? There is no specific treatment. Relief from symptoms includes use of bed rest, increased intake of fluids and medication to relieve aches and discomfort and help control fever.

Are there any complications? Pneumonia, bronchitis and other respiratory problems. These are rare but can be serious in the elderly or others with chronic diseases, especially heart disease.

Is there anything a person should know if she is pregnant and gets influenza? There is no specific risk. Pregnant women should take medication only under supervision of a physician.

How common is influenza? It is a common disease, particularly in winter months.

Are there any groups of people who are at a higher risk of acquiring influenza? People who have chronic heart, lung, kidney or other serious diseases.

How can it be prevented? A vaccine is available, although it does not always provide complete protection against all forms of influenza viruses.

What should be done if a person is close to someone with influenza? Attempt to control spread of respiratory secretions by use of good personal hygiene.

Are there special considerations for a person with developmental disabilities who has influenza?

1. Vaccine is recommended for all people over the age of 65 and those with chronic heart, lung or kidney disease. Persons working with this population should consult their physician.
2. Persons should stay home from work/day programs if they have symptoms (especially fever over 100° F. or severe cough).

LARYNGITIS

What is laryngitis? Inflammation of the larynx (voice box) which may be caused by a virus or bacteria.

How soon after exposure will symptoms appear? Varies, depending on organism. Generally short, from a few days to a week.

When and for how long is a person contagious? For the duration of the illness.

How is it spread? By direct oral contact or by inhaling contaminated air particles.

What are the symptoms? Loss of voice, dry "tickle" in the throat, fever, cough, loss of appetite, difficulty swallowing.

How can it be diagnosed? Physician will diagnose by symptoms.

What is the course of laryngitis? It usually begins as a cold or upper respiratory infection. Cough, fever and sore throat follow, becoming progressively worse with loss of voice. It generally improves in one week.

What is the treatment? It varies, depending on the cause. Antibiotics may be prescribed by a physician. Relief of symptoms may include rest and cold moist air via a humidifier.

Are there any complications? Croup may develop. This is more common in children and can lead to airway obstruction.

Is there anything a person should know if she is pregnant and gets laryngitis? There is no specific risk. Pregnant women should take medication only under supervision of a physician.

How common is laryngitis? It is very common worldwide and occurs most often in the winter.

Are there any groups of people who are at a higher risk of acquiring laryngitis? Children and those persons living in crowded conditions are at greatest risk.

How can it be prevented? No immunization is available. Good hygiene may prevent infection.

What should be done if a person is close to someone with laryngitis? Maintain good hygiene practices to control the spread of cold viruses.

Are there special considerations for a person with developmental disabilities who has laryngitis?

1. Tissues (not handkerchiefs) should be used to cover the nose and mouth when coughing or sneezing.
2. Hoarseness may be symptom of other conditions. If it persists, a physician should be consulted.
3. Infected persons should remain home while symptoms persist.

LICE (Pediculosis)

What is lice? An infestation with head, body or pubic (crabs) lice. Lice are small insects.

How soon after exposure will symptoms appear? 1 - 2 weeks.

When and for how long is a person contagious? Continuously until all lice and nits (eggs) are destroyed from the person and his/her contacts.

How is it spread? By direct contact with an infested person or by indirect contact with infested personal items or household furnishings. Pubic lice may be acquired through sexual relations, by wearing contaminated clothing or by contact with infested bedding.

What are the symptoms? Itching and inflammation of scalp, body or genital region.

How can it be diagnosed? By inspection. The head louse is approximately the size of a sesame seed. Nits are white and attached to hair shaft. Body lice are found in seams of clothing. Eggs are attached to the fibers of clothing. Pubic lice and nits are found in pubic hair.

What is the course of lice? The symptoms will persist until the person is treated.

What is the treatment? By application of prescription or over-the-counter lotions and shampoos. Usually two courses of treatment one week apart are needed. Nits can be removed by using a fine-toothed comb. Special insecticide sprays may be used on furniture or rugs.

Are there any complications? Secondary infections due to scratching. If untreated, fever and swollen lymph glands may develop.

Is there anything a person should know if she is pregnant and gets lice? Avoid use of shampoo or lotion containing Lindane as it may harm the fetus.

How common is lice? It is common, especially in schools, institutions and other communal settings where clothing and other items may be shared.

Are there any groups of people who are at a higher risk of acquiring lice? School children and others in group residential or day settings.

How can it be prevented? By education and treatment of family members and residential contacts. No immunization is available.

What should be done if a person is close to someone with lice? Head inspections of all household, residential and day program contacts, including staff, are important. Prompt treatment is essential to prevent spread to others.

Are there special considerations for a person with developmental disabilities with lice?

1. Day Programs: Newly identified cases should receive at least one treatment before returning to program. Continue inspection daily for two weeks after treatment.
2. Residential: All clothing and bedding used within one month should be laundered in hot water or dry cleaned. Objects that cannot be washed should be stored in closed containers for at least two weeks.
3. Manufacturers of lotions and shampoos have instructional materials available.
4. Pesticidal shampoos and lotions are poisonous and should be kept locked. They are dangerous if misused or abused.

MEASLES (Rubeola)

What is measles? A disease caused by a virus resulting in fever, rash and upper respiratory symptoms. It usually occurs in children.

How soon after exposure will symptoms appear? About ten days.

When and for how long is a person contagious? From one to two days before symptoms appear until the rash disappears.

How is it spread? By direct contact with saliva and upper respiratory secretions, or by breathing in airborne droplets. It may be transmitted by contact with contaminated objects. Measles is very contagious.

What are the symptoms? Fever, cold-like symptoms and cough, followed by dark-red, slightly raised rash. The eyes may be very sensitive to light.

How can it be diagnosed? Physician will diagnose by symptoms.

What is the course of measles? It begins with mild cold-like symptoms, progressing after three to four days to rash which starts on face and extends to entire body. Spots increase in size and number. Fever and other symptoms continue. It generally resolves in 10 - 14 days.

What is the treatment? There is no specific treatment. Bed rest is advisable. Symptoms may be relieved by rest, increased fluids and protecting eyes from direct light. Antibiotics may be prescribed to treat complications.

Are there any complications? More serious ear or respiratory infections such as bronchitis or pneumonia. In rare cases, the virus causes encephalitis and brain damage.

Is there anything a person should know if she is pregnant and gets measles? It may cause birth defects if a woman is infected during pregnancy. Pregnant women should not receive the vaccine.

How common is measles? It was once a common childhood illness, but since widespread vaccination programs, it is much less common.

Are there any groups of people who are at a higher risk of acquiring measles? All who have not had the disease or have not been vaccinated are at risk.

How can it be prevented? By a vaccine at age 15 months. Those who have had the disease are generally immune. A vaccine is available and given to children at age 15 months. Individuals born before 1957 are assumed to be immune from past exposure. Recent recommendations from the Centers for Disease Control and the American Academy of Pediatrics advise revaccination with a booster for all students entering middle school. Consult your physician if you are unsure of your immunization status.

What should be done if a person is close to someone with measles? There are few effective precautions. Attempt to control spread of respiratory secretions by good hygiene.

Are there special considerations for a person with developmental disabilities with measles?

1. Contact physician if measles is suspected.
2. Vaccine should not be given to those people with severe allergies to eggs.
3. Those with active symptoms should stay home from school, work or day program.
4. It is strongly recommended that all programs have access to updated immunization records. Susceptible persons may be candidates for vaccine.

MONONUCLEOSIS

What is mononucleosis? An acute infectious disease caused by the Epstein-Barr virus (one of the herpes group of viruses).

How soon after exposure will symptoms appear? 30 - 50 days.

When and for how long is a person contagious? Unknown.

How is it spread? By contact with saliva; therefore it is often known as the "kissing disease."

What are the symptoms? Fever (101-104° F.), sore throat, fatigue, headache, chills, aches, enlarged lymph glands, abdominal pain and diarrhea.

How can it be diagnosed? Physician will diagnose by laboratory tests.

What is the course of mononucleosis? Symptoms develop gradually and last 7 - 28 days.

What is the treatment? Bed rest while fever persists and fluids to prevent dehydration. Medication may be recommended for pain.

Are there any complications? Ruptured spleen, secondary bacterial infections.

Is there anything a person should know if she is pregnant and gets mononucleosis? There is no specific risk. No medication should be taken during pregnancy unless prescribed by a physician.

How common is mononucleosis? It is common in adolescents and young adults.

Are there any groups of people who are at a higher risk of acquiring mononucleosis? Those age 14 - 30 years.

How can it be prevented? No vaccine is available.

What should be done if a person is close to someone with mononucleosis? During acute illness and convalescence, avoid intimate kissing which may transmit disease to others.

Are there special considerations for a person with developmental disabilities with mononucleosis?

1. Keep infected person at home and in bed during acute stage while fever is present.

MUMPS

What is mumps? A mild disease caused by a virus resulting in enlargement of the salivary glands. It usually occurs in children.

How soon after exposure will symptoms appear? 14-21 days.

When and for how long is a person contagious? From four days before symptoms until nine days after they appear.

How is it spread? By direct contact with saliva and upper respiratory secretions or by breathing in airborne droplets.

What are the symptoms? Fever followed by swelling of salivary and neck glands causing sore throat. Headache and sensitivity to light also occurs.

How can it be diagnosed? Physician will diagnose by symptoms or lab tests.

What is the course of mumps? Fever followed within one day by swelling in mouth and neck areas. This peaks in two days and lasts seven to ten days.

What is the treatment? There is no specific treatment. Symptoms may be relieved by bed rest, fluids, and a soft diet.

Are there any complications? May result in swelling of testes and possible sterility. Brain infection or deafness may occur.

Is there anything a person should know if she is pregnant and gets mumps? May result in miscarriage if infected during the first trimester. Although not generally associated with birth defects, may be passed to the infant at birth.

How common is mumps? Although once a common childhood illness, it is now much less common because of widespread vaccination programs.

Are there any groups of people who are at a higher risk of acquiring mumps? Those who are not immunized.

How can it be prevented? By a vaccine at age 15 months. Those who have had the disease are immune.

What should be done if a person is close to someone with mumps? Attempt to control spread of respiratory and oral secretions by good hygiene. Immunize unprotected contacts.

Are there special considerations for a person with developmental disabilities who has mumps?

1. Keep infected person home from day program during active symptoms.

OTITIS MEDIA

What is otitis media? An ear infection usually caused by a virus or bacteria.

How soon after exposure will symptoms appear? Depends on organism. Usually soon, from a few days to one week.

When and for how long is a person contagious? Depends on organism. It is not generally very contagious.

How is it spread? When the Eustachian tubes are blocked, bacteria which are present in the nose multiply causing an ear infection. Bacteria in the nose or respiratory tract may spread from one person to another causing an ear infection in a susceptible person.

What are the symptoms? Earache, fever, sore throat, loss of hearing, vomiting. There may be pus or clear fluid draining from the ear.

How can it be diagnosed? Physician will diagnose by observing the ear through an otoscope. S/he may do lab tests on any drainage.

What is the course of otitis media? May begin with a cold or flu. Just as the symptoms are getting better, an earache and fever develop. If untreated, fluid and pus build up behind the eardrum and may cause perforation. If treated, generally resolves in one week. Fluid may remain in the middle ear for many months.

What is the treatment? Physician will usually prescribe an antibiotic to kill the bacteria. Pain relievers and decongestants may be prescribed to relieve the symptoms.

Are there any complications? Perforation of the eardrum may cause scar tissue to form, causing hearing loss. Chronic ear infections can cause serious hearing problems.

Is there anything a person should know if she is pregnant and gets otitis media? There is no specific risk. Pregnant women should take medication only under the supervision of a physician.

How common is otitis media? It is common worldwide, occurring most frequently during the winter months.

Are there any groups of people who are at a higher risk of acquiring otitis media? Infants and children (because of the size and shape of the Eustachian tubes). Those with Down syndrome are also at risk because their Eustachian tubes are short and straight.

How can it be prevented? No immunization is available. Practice good personal hygiene. Limit exposure, if possible, to cold viruses.

What should be done if a person is close to someone with otitis media? Use good personal hygiene. Use and dispose of tissues during colds.

Are there special considerations for a person who is developmentally disabled with otitis media?

1. Follow-up is important to monitor for presence of fluid in the ear.
2. Nonverbal persons may react to earaches by banging their heads, pulling at or poking their ears.
3. Persons with chronic ear infections may need to be seen by a specialist (Ear, Nose and Throat) and have their hearing checked regularly.

PINWORMS

What is pinworms? An intestinal disease caused by a tiny white worm.

How soon after exposure will symptoms appear? Three weeks to two months.

When and for how long is a person contagious? During the entire time of infestation.

How is it spread? Eggs enter the mouth from fecally contaminated hands. Eggs adhere to nightclothes, underwear and bedding. Spread to family and groups occurs easily. Airborne transmission is less common, but possible.

What are the symptoms? Anal itching, usually at night; irritability and restlessness at night due to itching; vaginal inflammation.

How can it be diagnosed? Laboratory will identify organisms under microscope, after collection by Pinworm Paddle Test (a sticky, transparent paddle placed against the anal area early in morning).

What is the course of pinworms? Eggs mature during passage through the intestinal tract. The females deposit eggs around the anus during sleep. Worms dwell in the rectum and colon, emerging at night. Reinfestation continues to occur as long as the female deposits eggs around the anus.

What is the treatment? All exposed individuals in a family or group residence should be treated simultaneously with the medication prescribed by a physician. Clothing and bedding must be washed in hot water to prevent reinfection.

Are there any complications? Inflammation of the anus, vagina and crotch.

Is there anything a person should know if she is pregnant and gets pinworms? Medication may not be advised for pregnant women and infants.

How common is pinworms? It is very common.

Are there any groups of people who are at a higher risk of acquiring pinworms? Anyone who engages in fecal smearing, does not wash hands after toileting, or in other ways has poor hygiene.

How can it be prevented? Practice good handwashing after toileting and before handling food. Keep fingernails short. Keep hands away from anal area.

What should be done if a person is close to someone with pinworms? Keep fingernails short. Use good handwashing after toileting and before eating. Keep hands away from anal area. Clean anal area carefully after bowel movements. While infested, the person should not handle food during preparation until treatment is completed or retesting is negative.

Are there special considerations for a person with developmental disabilities who has pinworms?

1. Notify day programs, residential programs and family as appropriate if infestation is discovered.
2. Wash bedding, nightclothes, and underwear the morning after medication is begun. Carefully clean toilet, bathroom and other areas if person smears feces.

PNEUMONIA

What is pneumonia? A lung infection usually caused by a bacteria or virus.

How soon after exposure will symptoms appear? Varies, depending on which organism causes the disease. Generally short (one to seven days).

When and for how long is a person contagious? Varies, depending on organism. Usually during the time when symptoms are obvious, especially coughing.

How is it spread? By breathing contaminated air or by direct contact with contaminated objects or close contact with infected persons.

What are the symptoms? Fever, chills, productive cough, and chest pain.

How can it be diagnosed? Physician will diagnose by examination, chest x-ray and lab tests.

What is the course of pneumonia? Varies, depending on organism. There can be a gradual development of symptoms or it may be sudden, with severe chills, fever and cold-like symptoms. Symptoms then progress to cough, pain and fever.

What is the treatment? Physician will usually prescribe antibiotics. Increased fluid intake, bed rest and adequate nutrition may help relieve symptoms. Physician may recommend other medications to relieve symptoms.

Are there any complications? Varies, depending on organism. May include pleurisy or heart problems. If person does not respond to treatment, serious problems and even death may result.

Is there anything a person should know if she is pregnant and gets pneumonia? Pneumovax is not recommended for pregnant women. Medications should only be taken under close supervision of physician.

How common is pneumonia? It is common, especially in the winter months.

Are there any groups of people who are at a higher risk of acquiring pneumonia? People with reduced mobility (such as those in a wheelchair), with chest deformities (such as scoliosis or kyphosis), with muscular problems (such as cerebral palsy or muscular dystrophy), or the elderly.

How can it be prevented? Pneumovax is available to protect against certain bacterial organisms. It is recommended for those in high risk groups and is available through physician or local health departments.

What should be done if a person is close to someone with pneumonia? Use good personal hygiene.

Are there special considerations for a person with developmental disabilities with pneumonia?

1. Go to the doctor when any cold-like symptoms progress into high fever, pain, or do not go away in one week.
2. Good health habits such as proper diet, rest, exercise increase resistance to all respiratory illnesses and help promote recovery.
3. Teaching may be necessary to instruct in personal hygiene, especially the importance of using tissues to cover the mouth/nose.
4. Person should stay home while symptoms persist. Consult physician about when the patient may resume regular activities.

RINGWORM

What is ringworm? An infection of the scalp or body caused by a fungus. Despite the name, this is not a worm infestation. Ringworm is also known as tinea.

How soon after exposure will symptoms appear? It varies, but may be up to several weeks depending on the type of fungus.

When and for how long is a person contagious? For as long as the fungus is present ringworm is highly contagious.

How is it spread? Through direct contact with a person who has ringworm.

What are the symptoms? On the scalp, itching and patchy hair loss. On the body, round, oval or semi-circular red scaly patches. Itching.

How can it be diagnosed? Physician will diagnose by examination.

What is the course of ringworm? It persists until treated. Some cases may take several weeks to heal completely.

What is the treatment? A physician will prescribe an ointment to be applied to the affected area.

Are there any complications? If untreated, affected areas can become infected.

Is there anything a person should know if she is pregnant and gets ringworm? While there are no specific risks, a different medication may be chosen by the physician in treating a pregnant woman.

How common is ringworm? It is very common.

Are there any groups of people who are at a higher risk of acquiring ringworm? Children are most frequently affected. Group living arrangements can increase the risk for adults.

How can it be prevented? Avoid sharing towels, bed linens, hats and clothing. Seek early medical evaluation of any suspicious areas on the scalp or skin.

What should be done if a person is close to someone with ringworm? Use good personal hygiene. Avoid close contact if possible.

Are there special considerations for a person with developmental disabilities with ringworm?

1. Avoid sharing of personal articles.
2. Teach or supervise good personal hygiene.

RUBELLA (German Measles)

What is rubella? A mild viral infection that causes a skin rash and enlarged lymph glands. It usually occurs in children.

How soon after exposure will symptoms appear? 14 - 21 days.

When and for how long is a person contagious? Highly contagious from one week before rash appears until four to seven days after.

How is it spread? Primarily through the respiratory tract. It is easily spread through saliva and nasal secretions, but can also be spread by contact with other body fluids or objects contaminated by body secretions.

What are the symptoms? Generally mild, beginning with cold-like symptoms, swollen lymph glands, mild fever, followed by a rash which subsides in two to three days.

How can it be diagnosed? Physician will diagnose by examination and blood test. Past exposure can be confirmed by blood tests.

What is the course of rubella? Usually begins with cold-like symptoms, progressing to a rash which subsides in several days. Rapid recovery without complications is the rule.

What is the treatment? No specific treatment available. Mild symptoms may be relieved by rest and fluids.

Are there any complications? In adults, joint pain, arthritis, or, rarely, encephalitis.

Is there anything a person should know if she is pregnant and gets rubella? Congenital rubella may occur when the pregnant woman has rubella in the first trimester. Common birth defects which may result include deafness, blindness and mental retardation. All pregnant women should have their immunity confirmed by a blood test prior to pregnancy.

How common is rubella? Once a common childhood illness, but since widespread vaccination programs, it is much less common.

Are there any groups of people who are at a higher risk of acquiring rubella? Adults and children younger than 15 months who have not been vaccinated continue to be susceptible. This poses a particular risk to pregnant women and their babies. Those with reduced immunity are also susceptible.

How can it be prevented? Vaccine is given at age 15 months. Those who have had the disease are immune. If no documentation of immunization, consult the physician for possible vaccination.

What should be done if a person is close to someone with rubella? No precautions are effective for a susceptible person.

Are there special considerations for a person with developmental disabilities with rubella?

1. If person develops rubella, physician should be contacted if fever persists longer than four days.

SALMONELLA

What is salmonella? An intestinal infection caused by the bacteria salmonella.

How soon after exposure will symptoms appear? 6-48 hours, usually 12-24 hours.

When and for how long is a person contagious? Variable; as long as bacteria is present in the stool, usually three days to three weeks; a temporary carrier state occasionally continues for months. Chronic carriers are rare.

How is it spread? By eating bacteria in a food contaminated by infected feces or by eating contaminated eggs, meat, poultry, unpasteurized milk or dairy products. Spread by direct contact or by utensils, working surfaces or tables previously used for contaminated foods.

What are the symptoms? Sudden onset of abdominal pain, diarrhea, nausea and vomiting, fever.

How can it be diagnosed? Physician will diagnose by stool culture in a laboratory.

What is the course of salmonella? Sudden onset of abdominal pain and other symptoms. Decreased appetite and loose stools persist for several days. Dehydration may occur. The disease usually resolves spontaneously within four to seven days. The presence of salmonella organisms in stool continues for up to ten weeks or longer.

What is the treatment? Treatment consists of correction of dehydration as well as management of symptoms. Antibiotics will not remove salmonella from the intestines and may, in fact, prolong carrier status. A soft, bland, low fiber diet may be required.

Are there any complications? May develop in various organs such as gall bladder, heart, kidneys or lungs.

Is there anything a person should know if she is pregnant and gets salmonella? Complications of pregnancy may occur as a result of dehydration. Salmonella has been found in breast milk of infected women.

How common is salmonella? It is very common. There are 30,000 proven cases a year but the actual number may be 100 times greater.

Are there any groups of people who are at a higher risk of acquiring salmonella? Susceptibility is increased in the young and older populations. Institutional or unsanitary conditions increase risk.

How can it be prevented? Use good hygiene measures. Educate food handlers on the necessity of refrigerating foods. No immunization is available.

What should be done if a person is close to someone with salmonella? An infected person should not be allowed to prepare food until cultures of stool are free from salmonella for three consecutive days. Culture all family/residential contacts. Isolation is not necessary. Cases must be reported by the physician to the local health department.

Are there special considerations for a person with developmental disabilities with salmonella?

1. When a case of salmonella is identified, all household contacts must be cultured and an attempt made to identify the source of contamination.
2. Persons may not assist in food preparation activities until three consecutive stool specimens are negative.
3. Food handlers should be taught preventive measures such as good personal hygiene, refrigeration, and sanitary cooking practices.
4. If necessary, persons should be assisted or supervised with toileting and handwashing during illness.

SCABIES

What is scabies? A highly contagious skin disease caused by a mite.

How soon after exposure will symptoms appear? Several days to weeks.

When and for how long is a person contagious? Constantly until all mites are destroyed.

How is it spread? By direct or sexual contact between individuals or by sharing undergarments or bedding.

What are the symptoms? Intense itching, especially at night. Skin eruptions and lesions are prominent around wrists, between fingers, under arms, at beltline, at thighs and around external genitals.

How can it be diagnosed? Physician will diagnose by examining the burrows which appear as slightly discolored lines several millimeters in length. Mites can be located and identified under microscope.

What is the course of scabies? Symptoms persist until treated.

What is the treatment? Initial hot shower followed by medication in lotion form. Usually two treatments, one week apart, are required.

Are there any complications? Secondary skin infections due to scratching may occur.

Is there anything a person should know if she is pregnant and gets scabies? Avoid use of lotions containing Lindane.

How common is scabies? It is very common.

Are there any groups of people who are at a higher risk of acquiring scabies? Those living in crowded or unsanitary conditions.

How can it be prevented? By treating family members and residential contacts to prevent spread. Cleanliness of person, garments and bedding may also be helpful. No immunization is available.

What should be done if a person is close to someone with scabies? Check for appearance of any symptoms. Prompt treatment is essential to prevent spread to others.

Are there special considerations for a person with developmental disabilities with scabies?

1. Day Programs: Cases should receive at least one treatment before returning to program.
2. Residential: Use specific pesticide for underwear, sheets, blankets and pillows.
3. Manufacturers of lotions have instructional materials available.
4. Pesticidal lotions are poisonous and should be kept locked. They are dangerous if misused or abused.

SHIGELLA (Bacillary Dysentery)

What is shigella? A contagious disease of the intestines caused by a bacteria.

How soon after exposure will symptoms appear? One to seven days.

When and for how long is a person contagious? When an individual is sick with the disease until the bacteria is no longer present in stool.

How is it spread? Passed from one person to another by an oral-fecal route. Transmission is also possible from contaminated food or water.

What are the symptoms? Fever, abdominal pain, and diarrhea containing blood and/or mucous.

How can it be diagnosed? By symptoms and presence of specific bacteria in stool sample.

What is the course of shigella? Fever and abdominal cramps are followed by large watery stools. As the fever decreases, an increase in the number of stools with a smaller volume develops. If untreated, diarrhea will continue.

What is the treatment? Physician may prescribe antibiotics. Antidiarrhea drugs should not be given unless recommended by physician because the diarrhea is important in getting rid of the bacteria from the intestines.

Are there any complications? Generally rare, but may consist of dehydration, seizures related to high fever, pneumonia and conjunctivitis.

Is there anything a person should know if she is pregnant and gets shigella? While there are no specific risks, complications may result due to dehydration. Medication should be given with caution to pregnant women and then only under the supervision of a physician.

How common is shigella? It is common. This and other gastrointestinal illnesses are most common between the ages of one and ten years. The peak season is between November and February.

Are there any groups of people who are at a higher risk of acquiring shigella? Those persons who live in crowded conditions with poor sanitation.

How can it be prevented? There is no vaccine. If person has had shigella, s/he may get it again.

What should be done if a person is close to someone with shigella? Careful handwashing reduces the risk of transmission. Avoid contact with contaminated articles.

Are there special considerations for a person with developmental disabilities with shigella?

1. Person should remain at home until symptoms have been treated and have subsided.
2. Those who become ill should reduce activity, increase rest and be encouraged to drink adequate fluids.
3. Those who are ill should not participate in meal preparation.
4. Local Boards of Health may be helpful in setting policies/procedures.

STREP THROAT

What is strep throat? A sore throat caused by the streptococcal bacteria.

How soon after exposure will symptoms appear? One to three days.

When and for how long is a person contagious? If untreated, for 10-21 days. If treated, only 48 hours.

How is it spread? By direct or intimate contact with persons infected with the bacteria.

What are the symptoms? Fever, sore throat, tonsillitis, tender glands in the neck and earache. Symptoms may be mild or severe.

How can it be diagnosed? A physician will recognize familiar characteristics by examination of the throat, but a lab test is required for definite diagnosis.

What is the course of strep throat? Initial symptoms can last 10-21 days, but later the bacteria can cause other diseases (see complications).

What is the treatment? Physician will prescribe antibiotics.

Are there any complications? Rheumatic fever or kidney disease may develop in one to five weeks. Permanent heart valve problems may develop after rheumatic fever.

Is there anything a person should know if she is pregnant and gets strep throat? Some strains may cause serious illness or mental retardation in the newborn. Pregnant women should take medication only under the supervision of a doctor.

How common is strep throat? It is very common. Repeated infections are frequent.

Are there any groups of people who are at a higher risk of acquiring strep throat? There are no specific risk groups.

How can it be prevented? There is no immunization available.

What should be done if a person is close to someone with strep throat? Use good personal hygiene. After a person has been receiving antibiotic treatment for 48 hours, s/he is no longer contagious and no specific precautions are necessary.

Are there special considerations for a person with developmental disabilities with strep throat?

1. Because the illness can cause permanent damage to vital organs, it is very important to treat strep throat.
2. It is important to complete the full course of antibiotics, even if symptoms go away before it is finished.
3. Inform the doctor of any allergies, especially to antibiotics.
4. A person should stay home until 48 hours after treatment has been started.

SYPHILLIS

What is syphilis? A sexually transmitted disease of four stages caused by a bacteria.

How soon after exposure will symptoms appear? Nine days to three months after contact.

When and for how long is a person contagious? Indefinite through the first and second stages and then whenever lesions recur.

How is it spread? By sexual activity or close physical contact with an infected person; by contact with the chancre in stage one or from a blood transfusion by a donor with the disease.

What are the symptoms?

Stage 1: Presence of a chancre, a sore similar to a blister or pimple, most often located on the genitals, but it may also be on the lips, breasts, fingertips, anus or mouth. This sore will disappear without treatment in four to six weeks, although the infection persists.

Stage 2: After another week to six months (or even several years) a rash may appear over the body, or on palms or soles; sore throat, low fever, headache, hair loss, or raised skin areas near genitals may appear.

Stage 3: The latent stage, which may last 10 to 20 years, shows no obvious signs. The bacteria may now invade the internal organs, including the heart and brain.

Stage 4: Late and final stage. Illness depends on the extent of damage to the organs involved.

How can it be diagnosed? Examination by physician and blood test.

What is the course of syphilis? See stages one to four above. Will progress through lifetime without treatment.

What is the treatment? Physician will prescribe penicillin or other antibiotic.

Are there any complications? Progression of the disease to blindness, deafness, serious illness or even death.

Is there anything a person should know if she is pregnant and gets syphilis? A pregnant woman may infect the fetus if not treated before the 16th week of pregnancy, resulting in miscarriage, stillbirth or deformities.

How common is syphilis? It is widespread, with the greatest incidence in 15 to 30 year olds.

Are there any groups of people who are at a higher risk of acquiring syphilis? Sexually active people with multiple partners.

How can it be prevented? By using condoms and avoiding sexual activity if partner has genital sores. Obtain a simple blood test during regular physical exam to detect syphilis. Refer sexual partners for treatment. Do not resume sexual activity until treatment is completed.

What should be done if a person is close to someone with syphilis? As above, plus education of sexually active persons.

Are there special considerations for a person with developmental disabilities with syphilis?

1. Any symptoms of vaginal or penile irritation or discharge should be reported to the doctor.
2. Irritation may cause persons to appear to be masturbating.
3. Report any allergy, especially to penicillin, to doctor before treatment.

TUBERCULOSIS

What is tuberculosis? A chronic disease caused by bacteria, resulting in both respiratory and other symptoms.

How soon after exposure will symptoms appear? 4 - 6 weeks.

When and for how long is a person contagious? Varies. May be years if left untreated, but with proper treatment transmission time is significantly reduced.

How is it spread? Primarily by breathing in airborne droplets.

What are the symptoms? Varying, depending on what organs are involved. Generally include fever, fatigue, weight loss, plus possible productive cough with blood in it.

How can it be diagnosed? Physician will perform skin test, followed by chest X-ray and lab tests of body fluids, including sputum.

What is the course of tuberculosis? Chronic disease, originating as a respiratory disease but spreading throughout the body to other organs. May last for years, even after there have been no symptoms for months. With effective treatment it can be cured.

What is the treatment? Long-term drug therapy and close monitoring of liver function during treatment.

Are there any complications? General destruction of many organ systems, such as kidney, liver, bone. May cause death if untreated.

Is there anything a person should know if she is pregnant and gets tuberculosis? Medications used to treat are not recommended during pregnancy.

How common is tuberculosis? The incidence varies by area of country and size of city. It is more common in congested areas and group settings.

Are there any groups of people who are at a higher risk of acquiring tuberculosis? Children under 3, Blacks, American Indians and immigrants from certain parts of the world. The elderly and those living in group settings with an untreated person are also at increased risk.

How can it be prevented? By case finding, public education, and regular screening by a simple skin test. A vaccine is available but used only for those in very high risk groups (such as household members of an infected person).

What should be done if a person is close to someone with tuberculosis? Reduce amount of bacteria in air by good ventilation. Control secretions by reducing cough and practicing good hygiene. Prompt treatment with medication prescribed by physician is important. It is essential that the full course of medication be completed. (This may be many months.)

Are there special considerations for a person with developmental disabilities with tuberculosis?

1. The Centers for Disease Control recommends screening all staff and clients/residents at time of employment or admission. Regular screenings are recommended by state or local health authorities. Chest X-ray and follow-up are necessary for those testing positive.
2. Some medications (particularly INH) interact with Dilantin (phenytoin) and should be closely monitored by a physician.
3. Those previously testing positive on a skin test should not be retested by skin test. A chest X-ray may be recommended.
4. All newly diagnosed cases must be reported by the physician to the Board of Health.
5. If one person in a household, group setting or day program is infected, all others should be tested and treated, if necessary.

VAGINITIS

What is vaginitis? An infection of the vagina caused by bacteria. It is also called Gardnerella Vaginalis, Hemophilus Vaginalis or Nonspecific Vaginitis.

How soon after exposure will symptoms appear? Varies, depending on cause.

When and for how long is a person contagious? Varies, depending on cause.

How is it spread? By sexual activity with an infected partner.

What are the symptoms? Gray vaginal discharge with a foul odor that may smell like fish. Men may carry the bacteria without any symptoms.

How can it be diagnosed? By a physician's examination.

What is the course of vaginitis? Varies, depending on cause. Will continue until treated.

What is the treatment? Antibiotics and vaginal suppositories or cream to reduce inflammation.

Are there any complications? Unusual, but depends on cause.

Is there anything a person should know if she is pregnant and gets vaginitis? It may be transmitted to the newborn at birth.

How common is vaginitis? Very common.

Are there any groups of people who are at a higher risk of acquiring vaginitis? None known.

How can it be prevented? No immunization is available.

What should be done if a person is close to someone with vaginitis? Avoid sexual contact with a partner who has discharge, itching, redness, swelling or painful urination. Refer sexual partners for treatment. Use of condoms reduces chance of infection.

Are there special considerations for a person with developmental disabilities with vaginitis?

1. For those being treated: Women who have never used tampons may be uncomfortable trying to insert vaginal creams with applicators. Suppositories may be preferable, with clear instructions that they are not to be swallowed. Insertion by or instruction by a trusted female staff person may be necessary. Panty lining pads may protect clothing during use of medication. If staff and/or infected person are uncomfortable applying the vaginal medication, a visiting nurse may be considered during the course of treatment.
2. Irritation may cause persons to appear to be masturbating.
3. Any symptoms of vaginal or penile irritation should be reported to the doctor.
4. Report any allergy to medication to the doctor before treatment.

VAGINITIS - MONILIA

What is vaginitis monilia? An overabundance of the Monilia yeast which normally exists in the vagina, causing vaginal inflammation. Also known as Thrush (in the mouth), Candidiasis, or Candida Albicans infection.

How soon after exposure will symptoms appear? Varies.

When and for how long is a person contagious? As long as the infection persists.

How is it spread? Monilia causes vaginitis when yeast normally present overgrows in the vagina. It is also spread by sexual activity with an infected partner or by shared towels.

What are the symptoms? Thick, white vaginal discharge, with an appearance like cottage cheese; itching, swelling, redness, painful urination and painful intercourse.

How can it be diagnosed? Physician will diagnose after an examination.

What is the course of vaginitis monilia? May improve without treatment but most often the increased discomfort requires treatment.

What is the treatment? A physician will prescribe an anti-fungal cream or tablet to be used for one to two weeks. Early infections may be treated by:

1. Applying plain acidophyllus yogurt directly to the vagina.
2. A vaginal douche of two tablespoons of white vinegar in one quart of lukewarm water.
3. Taking cool sitz baths to relieve discomfort.

Are there any complications? In rare instances fungus may spread and cause ulcers in the esophagus, gastrointestinal tract, bladder or other organs requiring medical treatment.

Is there anything a person should know if she is pregnant and gets vaginitis monilia? It may be transmitted to the newborn at birth.

How common is vaginitis monilia? Very common.

Are there any groups of people who are at a higher risk of acquiring vaginitis monilia? Some women have recurring infections, especially during menstruation. An increase in the growth of the yeast may occur during pregnancy or with the use of oral contraceptives, antibiotics, cortisone or in those with diabetes.

How can it be prevented? No immunization is available. Avoid intercourse during active infection. Avoid tight underwear, prolonged wearing of wet bathing suits, and frequent use of bubble baths.

What should be done if a person is close to someone with vaginitis monilia? Use good personal hygiene. Avoid intercourse with an infected person.

Are there special considerations for a person with developmental disabilities with vaginitis monilia?

1. Women who have never used tampons may have difficulty inserting vaginal creams with applicators. Suppositories may be preferable with clear instructions that they are not to be swallowed. Insertion by or supervision by a trusted female staff person may be necessary. Panty lining pads may protect clothing during the use of medication. If staff and/or infected person are uncomfortable applying the vaginal medication, a visiting nurse may be considered during the course of treatment.
2. Irritation may cause persons to appear to be masturbating.
3. Any symptoms of vaginal or penile irritation or discharge should be reported to the doctor.

VAGINITIS TRICHOMONAS

What is vaginitis trichomonas? An infection of the vagina caused by a small organism which may result in a urinary tract infection. Also called "Trich."

How soon after exposure will symptoms appear? 4 - 20 days, with an average of one week after contact.

When and for how long is a person contagious? Any time during the course of the infection, possibly for many years.

How is it spread? By sexual activity with an infected partner (of either sex).

What are the symptoms? Frothy, thin gray vaginal discharge with a foul odor; swelling, painful intercourse, irritation and itching around the vagina. Men may have no symptoms at all.

How can it be diagnosed? Physician will diagnose after an examination.

What is the course of vaginitis trichomonas? Symptoms appear one to two weeks after contact and may continue indefinitely if untreated.

What is the treatment? Oral medication (Flagyl) to kill the organism and/or vaginal suppositories. Partner must also be referred for treatment and sexual contact avoided until the infection is gone. Itching may be relieved with sitz baths. Douches should be avoided.

Are there any complications? Infection of other organs near the genitals.

Is there anything a person should know if she is pregnant and gets vaginitis trichomonas? Infection of the baby during delivery may occur.

How common is vaginitis trichomonas? It is widespread.

Are there any groups of people who are at a higher risk of acquiring vaginitis trichomonas? It is more common in women ages 15 - 35.

How can it be prevented? No immunization is available. Use of condoms may prevent infection. Avoid sexual intercourse with an infected partner or person with itching, redness, swelling or painful urination.

What should be done if a person is close to someone with vaginitis trichomonas? Use good personal hygiene.

Are there special considerations for a person with developmental disabilities with vaginitis trichomonas?

1. Avoid drinking alcohol if taking Flagyl.
2. Irritation may cause persons to appear to be masturbating.
3. Any symptoms of vaginal or penile irritation or discharge should be reported to the doctor.

VENEREAL WARTS

What are venereal warts? Warts on the genitals that are caused by a virus.

How soon after exposure will symptoms appear? 1 - 3 months after contact with the virus.

When and for how long is a person contagious? Unknown, but possibly during the presence of the warts.

How are they spread? By sexual contact with an infected person.

What are the symptoms? Dry warts around the genitals, on either men or women. They may be small and painless or larger and similar to a mushroom, with some discomfort associated with the larger warts.

How can they be diagnosed? Physician will diagnose after an examination.

What is the course of venereal warts? Most often they require treatment, although they occasionally go away on their own.

What is the treatment? A physician will apply a medication to the warts over a number of weeks. Sometimes minor surgical removal of larger warts is necessary. Sexual partners should also be treated.

Are there any complications? Irritation of skin around the treated warts.

Is there anything a person should know if she is pregnant and gets venereal warts? An infected mother may transmit the virus to the newborn, resulting in growths on the larynx, in the respiratory tract or on the genitals.

How common are venereal warts? They are common worldwide.

Are there any groups of people who are at a higher risk of acquiring venereal warts? None known.

How can they be prevented? No immunization is available. Use of condoms may reduce the chance of infection. Avoid sexual contact with an infected partner.

What should be done if a person is close to someone with venereal warts? Do not resume sexual activity until treatment is completed.

Are there special considerations for a person with developmental disabilities with venereal warts?

1. Irritation may cause persons to appear to be masturbating.
2. Any symptoms of vaginal or penile irritation or discharge should be reported to the doctor.

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